

EXHIBIT 2

**Your form must be
submitted online or
postmarked by:
[DEADLINE]**

PAYMENT ATTESTATION FORM

Tabak, et al. v. Apple Inc.
Case No. 4:19-cv-02455 (N.D.Cal.)

APP-TAB

I. NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Notice ID

Please enter your Notice ID if you received notice by mail or email.

II. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **Digital Check** (Enter Email Address) _____

☐ **Check** (Mailed to the address in Section I of this form)

Note: If you prefer to receive your payment via direct deposit, please complete the form online.

Return your completed Payment Attestation Form to:

Tabak v. Apple Class Action Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103